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ABSTRACT

Planning assessment procedures for disabled young children is a concern that grows as the students move from among various community or state agency programs. This paper discusses the issues surrounding interagency transition procedures and introduces a guide for helping agency personnel define problems with the transition process. It also discusses strategies rural providers can use to plan efficient interagency transition procedures and components of assessment tools that facilitate transition. Service providers should begin by being aware of other programs, other services, and their eligibility requirements. Transition pre-planning should be well-documented and specific to the student's needs. Agencies can address their community's interagency transition process by evaluating transition procedures that are currently in place. Once they have identified problems, they can begin to examine solutions. Student assessment is one of the most important factors to be discussed. A number of models might be considered for conducting multi-disciplinary assessments. Once an interactive process for conducting assessments has been chosen, the next step is to select assessment tools to meet agencies' needs. Cooperative or team members should consider the purpose of the assessment, the quality of test materials, and applicability of the instrument to the targeted population. Providers who work together to comprehensively assess the children and families they serve can also eliminate transition redundancy. (TES)

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CLEANING OUT THE WHEELBARROW: PLANNING APPROPRIATE ASSESSMENTS FOR TRANSITION

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Introduction

New state and federal mandates are expanding services to young children who have handicapping conditions. One of the major concerns that early childhood special education personnel face is in the planning of how these children will be assessed. That concern grows exponentially as these children move from one service delivery agency to another.

Examples of transition vary according to the organization of services available in each state. Interagency transitions occur when children transfer from programs offered by an educational service district (ESD) into those provided by the local education agency (LEA). Another example of an interagency transition is the movement of children from a community-based early intervention agency into programs rendered by a regional agency such as those provided by a Board of Cooperative Educational Services (BOCES). The transition of students concurrently enrolled in a non-profit special education preschool and local Headstart program into a school district program is a third example of an interagency transition. This array of services is common among states serving young children with disabilities either under permissive or mandatory legislation. That distribution of services becomes increasingly complex as the child's degree of involvement increases. For example, it is not uncommon for a child who is moderately to severely involved to have been enrolled in two or more agencies by the age of four. Further, these children and their families may be involved with other service providers in addition to enrollment in a primary agency. Ancillary service providers such as private speech therapists or Indian Health Services commonly involved with the delivery of services also need to participate at transition points.

Is it possible for all providers to work together to comprehensively assess the children and families they serve? It is time to examine transition procedures and rid that wheelbarrow of service redundancies and the misuse of scarce service dollars. Multi-agency involvement need not be a source of frustration and confusion to professionals and the families they serve. Rather, it can be a streamlined vehicle for trust, communication, and cooperation for the effective and efficient delivery of educational services.

Since the role of rural service delivery personnel may be broad or even undefined, it behooves us to identify a process that makes optimal use of assessment data specific to programmatic changes which will minimize duplication of services and unnecessary exploitation of resources. The objectives of this presentation are:

1.) to share issues surrounding interagency transition;
2.) to introduce a guide which helps agency personnel define problems with their transition process;

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3.) to present strategies that rural providers can use to plan efficient and useful interagency transition procedures; and
4.) to discuss the components of assessment tools that facilitate the transition process.

In response to needs expressed by directors of special education in local school districts and by directors of early intervention programs serving children from birth through age two, procedures were developed by the Networking and Evaluation Team at the University of Washington to assist in early childhood transition. Agency personnel who participated in interagency transition were interviewed to identify problems, existing procedures, and suggested strategies for improving the transition process. Parents of children who had been through a transition process were also interviewed about their role in the process and their satisfaction with the procedures. In addition, parents of children who were in the process of moving from one program to another were interviewed over a six month period at regular intervals in order to ascertain their concerns with the transition process and their recommendations for improvements.

As a result of these interviews, the Early Childhood Interagency Transition Model (Gallaher, Maddox, & Edgar; 1984) emerged. Model strategies were field-tested in urban, suburban, and rural communities in Washington state. Children served by transition field-test sites were from two to eight years old. The strategies were revised based on field-test evaluation results and on recommendations made by twelve field readers. The model was then replicated in six western states and has demonstrated high satisfaction ratings (Gallaher, et al., 1984).

Transition Issues

The organization of service delivery systems varies considerably across LEA's, regions and states. Results from field-test sites revealed that common concerns/transition issues surfaced during major transition periods. If left unaddressed, these variables can inhibit interagency collaboration and efficient transition processes. The first variable may be a lack of program awareness that can plague the human service delivery system. Worse yet, there is often misinformation regarding other programs available to the transitioning student and family. This ignorance of program descriptions has been demonstrated in rural and urban sites alike. Accurate program information of all potentially appropriate services is critical when making transition decisions.

Eligibility criteria is the second variable effecting interagency transitions. Numerous and detailed criteria requirements regulate program admission and discharge. It is this maze of eligibility criteria which often contributes to gaps in services available to individual clients. Agency personnel need to be knowledgeable of eligibility criteria at major transition points. The exchange of information specific to the client is another component necessary for an efficient transition process. Lack of respect toward sending agencies, confidentiality regulations, and poor timing are only a few of the reasons why assessment data and client information are unused by receiving agencies. This lack of information exchange contributes to the duplication of services. Adequate planning for the completion and transfer of records is an integral step in the transition process.

The fourth component effecting transitions is pre-planning that is specific to the student and family. Pre-planning requires both a philosophical commitment by agencies involved and an adequate allotment of time for those pre-planning activities. Agency personnel can begin by defining problems specific to their transition processes, documenting effective transition procedures currently in place, and examining new strategies which will complete the transition process. Documenting transition procedures in writing will help monitor the timing of events and maintain staff and parent accountability for specific activities. Feedback, parent involvement, and interpersonal relations are other variables that effect the transition process.

Troubleshooting

Agencies can begin addressing their community's interagency transition process by first evaluating the transition procedures currently in place. The "Transition Troubleshooting Guide" found in the Early Childhood Interagency Transition Model is a tool which was designed to help agency personnel identify and clarify issues surrounding their present transition activities. The "Guide" is, essentially, a needs assessment tool that focuses on problems of a systemic nature. When correctly used, it helps minimize the common occurrence of "finger pointing" or "personal accusations" that may be directed toward the other agency members. Users who are completing the "Guide" are asked to select from a series of problem statements which describe their agency's transition process. The inappropriate placement of children, the untimeliness of transition activities, and the unnecessary duplication of assessment procedures are only a few of the problems listed in the "Guide". A clear definition of transition problems and suggested strategies for alleviating these problems will result from the Troubleshooting exercise. When completed by all personnel invested in the interagency transition process, the guide will allow for shared ownership in problem definition and illustrate an accurate picture of a community's transition process.

Transition Strategies

Once agency personnel have clearly identified their problems, they can begin to examine concomitant solutions. The Early Childhood Interagency Transition Model describes thirteen strategies which agency personnel can use to develop a comprehensive interagency transition process. The strategies describe activities which facilitate the transfer of records; the timing of transition events; the awareness of programs; parent involvement; the decision making process; and postplacement communication. Every strategy indicates what action is required, who should be involved, and when the activity should be conducted. Explanations, guidelines, and necessary forms are included with every strategy. Each may be modified to suit individual needs. Strategy excerpts from the model and examples of strategy adaptations by rural providers will be available to participants of this session. Transition is a time when service providers naturally interact. An interagency approach to defining problems and designing procedures will encourage all personnel to have a voice in the transition process, thereby producing changes which will be accepted and utilized.

Assessment Issues

Process Considerations

Since it is critical that all early childhood special education personnel collaborate prior to the actual transition of a child from one agency to another, those early interactions provide a number of opportunities to discuss and plan a number of service delivery procedures and options. One of the most important factors that can be discussed is assessment. The assessment of young children and their families may be undertaken for a number of reasons including screening, placement, determination of specific strengths and weaknesses, or for follow-up evaluation. As these children move quickly across settings and agencies, it behooves us to identify assessment tools and procedures that will enable both sending and receiving agency personnel to compare child performance outcomes across those settings. The field of early childhood special education is new and part of our responsibility within that profession is to determine what strategies are most successful with certain groups of children. Without a coordinated assessment approach, we may not know the effects of our "best intervention practices" as children transition from services provided by PL 99-457 to those mandated by PL 94-142; a period of time that may stretch across almost five years. These services are too costly both in terms of actual dollars and in time spent by family members and service providers to wait that long. The jury is still out regarding the effects of special education for school-age children. In a proactive sense we must take an early leadership role in clearly

determining entry level behavior and what modifies that behavior best. Time and money are too scarce and these lives are too fragile to wait for a federal mandate or worse, public discontent with ineffective programs that may have been comparing apples to oranges.

Types of Assessment Models

First, urban or rural educational districts will want to capitalize on an assessment situation or setting that affords for maximum observation of the functional abilities of the child and family by relevant team members. A number of models have been suggested for conducting assessments that involve a number of different disciplines. The first model is known as the multidisciplinary assessment model. This model recognizes the importance of each discipline and provides for separate evaluations by the various team members. Often referred to as the medical model, it allows specific evaluators to focus on the child; albeit in isolation of other interested parties. The results of this type of evaluation are often shared through the mail or assimilated by a designated service coordinator. The advantage of this model is that the arduous task of scheduling several professionals for a single group meeting is not required. Children/patients can be seen at the option of each service provider. The lack of professional interaction and sharing of different observations and impressions often renders this model to be least desirable.

The second assessment paradigm to emerge is known as the interdisciplinary model. While this model still supports the need for individual assessment "sessions", it does support the notion of sharing child performance results through a team process. Results are shared in team meetings and recommendations are often a team effort. Roles and responsibilities for providing services are also easier to discern when team members are in concert with one another.

The newest assessment format to emerge is referred to as the transdisciplinary model. This model recognizes the importance of a significant family member as an integral team member. Further, it designates one team member as a "primary therapist" and allows for significant sharing of roles and responsibilities across disciplines (Campbell, 1987). This model demands considerable coordination among team members. Assessments are often conducted by several professionals at once; making suggestions and trying various strategies during the actual assessment process.

School districts serving young children should discuss these options relative to their resources and geographical limitations. Service areas with limited specialized personnel may opt for interdisciplinary assessments and provide transdisciplinary services. The key is to identify a realistic process and determine what trade offs exist. For example, if a speech pathologist serving young children in the Aleutian Islands of Alaska is limited in actual face-to-face therapy sessions, s/he may utilize video tape training and evaluation sessions that are augmented with telephone link-ups; budgetary items that must be planned for by educational agencies.

Tool Selection Considerations

Once an interactive process for conducting assessments has been determined, the next step is to select assessment tools to meet those assessment needs. The optimal situation is to select tests that are specifically designed to measure the unique abilities of each child. Many school districts, however, are bound by limited economic resources and may not be able to purchase all of the tests, protocols, and testing materials to address all assessment possibilities for children from birth through age five. Tool selection becomes even more critical when the exceptionalities to be addressed may range from mild learning handicaps to profound and/or multiple involvements. Again, it is critical for special education personnel to consider cooperative agreements between districts in the selection, purchase and use of specialized instruments.

To assist in that decision making paradigm, the following questions should be considered by relevant team/cooperative members:

1.) What is the purpose of the assessment? Is this for screening, placement, or to determine appropriate goals and objectives for an IFSP? What types of tests will be needed?

2.) Are you satisfied with the statistical evidence regarding the construction, validation, uses and limitations of the tests that are selected?

3.) Does the age-span of those selected tests address your targeted population or must you use several different forms/tools to cover 0-5 year old performance?

4.) Does the purchase, administration, scoring, and interpretation of those tests require special permission and or training? Can it be used by several different disciplines (i.e. OT/PT, speech pathologists, special educators, nurses, etc.)?

5.) Are the test materials available, durable, and replaceable within the economic resources of your budget?

6.) How long does it take to administer, score, and interpret each test?

7.) Are there special test administration considerations for children with specific handicapping conditions (i.e. sensory, physical, or serious emotional challenges)?

8.) Are the results of those tests useful? Do they meet state guidelines for placement or are they helpful in generating functional goals/objectives for the child/family?

These are just a few suggestions that may be useful for planning interagency assessment processes. Yet, perhaps the most effective tool in designing flexible and effective assessment strategies is the professionals' attitude. The tasks ahead of us are largely undefined and our roles are less clear. The best support we can offer these families is coordinated support. That type of support is clearly long-lasting; and enables family members to plan for the future with a greater degree of certainty (Fewell & Vadasy, 1986).

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